

COVID-19 Good Faith Certification that Assistance is Necessary

Cares Act Section 1102(a)(G)(i)

Business Name and EIN

Address

In accordance with the Certification requirement of Sec. 1102(a)(G)(i) of the CARES ACT, I hereby certify that due to the uncertainty of current economic conditions caused by COVID-19 it is necessary to make this loan request to support the ongoing operations of the business which is an eligible recipient. Furthermore, I certify that I will use the funds to retain workers and maintain payroll, lease, and utility payments; and I am not receiving duplicative funds for the same uses from another SBA program.

Under penalties of perjury, I declare that I have read and understand the representation above and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.

Signature of Authorized Person

Name Printed

Title

Date

Notary Information

STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20____, by _____ (name of person making statement).

(NOTARY SEAL) (Signature of Notary Public-State of _____)
(Name of Notary Typed, Printed, or Stamped)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____